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		Issue: C
POLICY ON FIRE AND NON-FIRE SAFETY PLAN		Date: 06-01-2017
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PREPARED BY: Hospital Administrator	APPROVED BY: Chief Executive Officer	

1.0 POLICY:

To establish effective fire and non fire safety programme, so as to ensure that any fire or non fire incident are rapidly detected, effectively contained and quickly controlled and extinguished at Apollo Hospitals, Secunderabad.

2.0 PURPOSE:

To provide guidance to all levels of staff on the fire and non fire safety system of the hospital.

3.0 SCOPE:

Hospital wide

4.0 RESPONSIBILITIES:

Hospital Administrator, Engineering, Housekeeping & Security department.

5.0 DEFINITIONS:

FIRE SAFETY PLAN: It is the plan used to prevent the incident of fire by the control of fire hazards in the building and the maintenance of the building facilities provided for the safety of the occupants.

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NON FIRE EMERGENCY : Non fire emergencies like hazardous materials spill and control programme are explained in the HAZMAT policy. Natural Calamities like flood earthquake, Tsunami etc., are well explained in External Disaster Plan.

DUTIES AND RESPONSIBILITY:

A) Hospital Administrator

The Hospital Administrator has authority and responsibility for ensuring the implementation of Fire code guidance in all premises and for statutory compliance for the entire building.

The Asst Manger Operations and Maintenance incharge supports safety officer for fire safety matters within the hospital and should ensure that:

- (1) Fire safety policies are clearly defined.
- (2) Investment in fire precautions are budgeted in the hospital annual business plan.
- (3) All work, which has implications on fire precautions, is carried out to a satisfactory technical standard and conforms to all statutory fire safety legislation, preferably adhering to work permit system.

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- (4) All proposals, for new buildings and alterations, are referred to the Safety officer before Building Construction/Fire Service approval is sought.
- (5) Fire Precaution Work Programmes are properly scheduled in consultation with the HOD – Security Office.
- (6) Fire safety measures and equipment are maintained and tested in accordance with relevant legislation/standards and records kept.
- (7) Liaise along with safety manager and consult with Statutory Fire, Building Control, and Safety and Environmental Authorities on behalf of the hospital.

C) SAFETY OFFICER;

- i) The Safety Manager is responsible for advising on, co-ordinating and monitoring all fire precautions arrangements in hospital premises and is to :

 - (1) Create, so far as is reasonably practicable, a protective and fire safe environment for all persons entering hospital premises.
 - (2) Develop, maintain and review policies, procedures, and systems to achieve the maximum fire safety compatible with the operational environment of the hospital.
 - (3) Develop and maintain a regular programme of staff fire safety training and to maintain records of such training in co-ordination with the Training department.

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- (4) Carry out regular inspections of hospital premises with the concerned HOD's, to ensure compliance with all statutory fire safety legislation.
- (5) Ensure certification or exemption of premises under the Fire Service Act in co-ordination with Engineering and Security department.
- (6) Investigate, in conjunction with the Local Fire Authority and report to the Hospital administrator, the suspected cause of fires originating in hospital premises.
- (7) Consult with the HOD- Engineering and Chief Operating Officer with regard to all fire safety matters.

Ensuring, through Heads of Department and training department, that all staff participate regularly in fire safety training and fire drills and demos.

- i) Maintain handy fire extinguishers in ready condition through out the hospital.
- ii) Co-ordinate in the fire spot as fire response and cordon team.
- iii) Originate fire incident report with in 8 hrs for further investigation.
- iv) Depute trained security personnel at appropriate fire emergency places.

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GENERAL DUTIES AND RESPONSIBILITIES

a) HEADS OF DEPARTMENT

- (1) Monitoring fire safety within their respective departments and ensuring that contravention's of fire safety precautions, do not take place.
- (2) Ensuring that fire safety instructions are brought to the attention of their own staff and that every member of their department participates in fire precaution training minimum of once a year.
- (3) Ensuring that all new staff, during orientation, are given basic familiarization training (to include fire procedures, means of escape and locations of Fire alarms, Fire fighting equipment and assembly points) within their place of work.
- (4) Keeping a record of staff attendance at fire lectures and fire training sessions.

FIRE SAFETY TRAINING

The hospital is required under the provisions of Fire code to provide effective training in fire prevention and in how to respond to an outbreak of fire. This applies to all staff without exception. Senior medical and managerial staff must lead by example. This requirement is of vital importance, and it is the duty of senior managers of all disciplines to ensure that their staff

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have both basic instruction in fire safety and training appropriate to the specific needs of their workplace”.

“Every member of staff in premises providing healthcare for the hospital must:

- a. Understand the character of fire, smoke and toxic fumes;
- b. Know the fire hazards involved in the working environment;
- c. Practice and promote fire prevention;
- d. Know instinctively the right action to take if fire breaks out, or smoke is detected;
- e. Be familiar with the evacuation procedures and escape routes appropriate their location at their time of duty”.

All staff, including part-time and contractual staff, must attend a fire safety-training course including the first aid fire fighting and emergency evacuation procedures appropriate to their actual place of work. This training should take place immediately on appointment, and thereafter once annually”.

INDUCTION TRAINING

The new employee will receive induction training as part of the arrival procedure organized by the training department.

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ANNUAL TRAINING

Annual Fire Safety training for all hospital employees will take place within the Mandatory Training courses organized by the hospital or during departmental training organized by Fire Safety department.

IT IS THE DUTY OF ALL STAFF TO ATTEND TRAINING ANNUALLY

SPECIALISED TRAINING

Specialized training, for those with specific responsibilities in the event of fire, such as ‘Fire Response Team Members’, will be carried out on an ‘as and when required’ basis coordinated by the training department.

FIRE DRILLS

Fire Drills will be carried out at all floors, by fire safety services personnel, in accordance with the requirements.

All drills, carried out in patient occupied areas, will be notified to the head of department in advance and will only take place with their consent.

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Records of all fire training will be raised by Safety office/Training department and a copy kept by them. Fire training records should be held for a minimum of three years.

FIRE SAFETY STRATEGY

The main causes of fire in hospital premises are as follows:

- (1) Smoking Related
- (2) Deliberate Ignition
- (3) Defects and Abuse of Electrical Appliances
- (4) Cooking Related

Fire Safety in hospital premises must be based on a culture of prevention rather than cure. Therefore the following paragraphs outline the hospital's strategy for reducing the risk.

(1) Smoking Related

Smoking and the control of ignition sources related to smoking must be strictly controlled in accordance with the hospital Smoking Policy.

(2) Deliberate Ignition

(a) Combustible flammable materials should be kept to an absolute minimum.



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(b) Purchase of consumables and other combustible materials to store should be controlled by the Purchasing Department in line with their Departmental Procedures.

(c) Fixtures, fittings, furniture and furnishings should meet the requirements of Fire code.

(d) Disposal of waste should be strictly controlled in accordance with the Waste disposal Policies.

(3) Defects and Abuse of Electrical Appliances

(a) The purchase of electrical appliances should be controlled by the Purchasing Department in line with their Departmental Procedures.

(b) Electrical appliances in patient bedrooms should be restricted to one appliance per socket. No extension leads or adapters are to be used in patient bedrooms.

(c) The use of extension leads should be kept to an absolute minimum.

(d) The use of adapters in hospital premises is prohibited.

(e) All electrical appliances should be **SWITCHED OFF** when not in use.



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(4) Cooking Related

- (a) Only cooking appliances checked and approved by the engineering department should be used in hospital premises.
- (b) Cooking appliances should only be used in designated kitchens or beverage making rooms where there is a proven clinical need and safety protocols adhered. All such needs should be based on risk assessment and approved by the risk and safety committee.

MEANS OF ESCAPE

- a) The basic concept governing means of escape in Health Care premises is that: The occupants, including patients, assisted as appropriate, should be able to turn their backs on a fire, wherever it occurs, and travel away from it directly through circulation spaces and stairways to a place of safety. Firstly within the premises and then, if necessary, to outside the building.

i) PATIENT AREAS

In patient areas the principle governing escape is that of 'Progressive Horizontal Evacuation', i.e. moving the occupants from the affected area to a comparatively safe area.

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ii) NON PATIENT AREAS

In non-patient areas evacuation should be to an conference point outside the affected department or the building.

HOUSEKEEPING

a) The effectiveness of evacuation from departments relies heavily on a high standard of housekeeping within the premises.

Housekeeping to secure the means of escape, in fire safety terms, means:

i) Keeping the Hospital corridors, circulation spaces, stairways and corridors completely free of obstructions, ignition sources and combustible materials.

ii) Regular checks of the accumulation of waste and rubbish, especially in ‘dead space such as basements, roof spaces, lift wells, dead-end corridors etc.

iii) Storage of consumables in designated areas only, never in the means of escape.

FIRE ALARM SYSTEM

a) Fire alarm and detection systems are installed in throughout the premises: they operate either manually, via a break glass call point, or automatically through smoke, or heat detection.

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- b) Responsibility for purchasing, installation, testing, maintenance and the keeping of records of all aspects of the fire warning system rests with HOD - Maintenance /safety manager and will be carried out in accordance with Fire code standards.
- c) Fire Alarms should not be sounded for test purposes without first advising the heads of department of the department concerned.
- d) In the event that parts of the fire alarm need to be isolated for maintenance or other purposes, Fire Services & rescue department must be notified and all departments in the affected area informed that emergency reporting is via 1021/1001 and verbally until further notice.
- e) Staff response to the sounding of the fire alarm is outlined in the Fire Procedures in the Appendices to this document.

FIRE SAFETY FIXTURES, FITTINGS AND EQUIPMENT

Responsibility for purchasing, installation, testing, maintenance and the keeping of records of all fire safety fixtures, fittings and equipment rests with Safety Officer in conjunction with the maintenance department and will be carried out in accordance with hospital policy.

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FIRE REPORTING

In the event of a fire or false alarm, the following reporting procedure should be followed by switchboard staff:

- i) **As soon as possible** during or after the incident, notify 1021 Hospital number.
- ii) **Within 24 hours** send a written report to the Safety Officer and Hospital Administrator

- iii) Subsequent investigation and onward reporting to the senior management or any authorized official will be the responsibility of Fire Safety team in conjunction with the relevant Local Authority such as Fire Service or Police when required.

OPERATION OF ELEVATORS DURING FIRE

- All elevator operators shall follow these procedures during a Fire/ Code Brown

- During a fire/ Code Brown, all Elevator operators shall return to their base station

- Elevators shall not be operated until either “All Clear” is announced or Operators are given permission to work by the Security Manager.



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CONTRACTORS FIRE SAFETY OBLIGATIONS

- a) Contractors on hospital premises are required to work within the requirements of this Policy and any additional instructions issued under other relevant legislation.

- b) Where heat, smoke, dust, vibration or any other product of work is likely to affect the fire detection system, maintenance department must be consulted prior to work commencing and the same to be informed to the Security department.

CONDUCTANCE OF MOCK DRILLS

Mock drills are held twice in a year.

Drill evaluation forms are used and deficiencies analyzed during all drills. These gaps are closed by the respective departments and accordingly training sessions are conducted.